



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 3992

|   |   |                                   |   |  |                                |
|---|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/965,824  | <b>FILING DATE</b><br>10/01/2001<br><b>RULE</b>   | <b>CLASS</b><br>455               | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>BHT-3203-2 |                                |
| <b>APPLICANTS</b><br>Chien Liang Chang, Taipei City, TAIWAN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 10/23/2001</b>   |   |                                   |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>TAIWAN | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>2                 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>Bruce H. Troxell<br>DOUGHERTY & TROXELL<br>Suite 1404<br>5205 Leesburg Pike<br>Falls Church, VA 22041   |   |                                   |   |  |                                |
| <b>TITLE</b><br>Automatic radio frequency signal switching circuit  |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>370   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |